CITY OF TEXARKANA, ARKANSAS

Application for Appointment to Citizen Advisory Board or Commission

BOARD OR COMMISSION DESIRED (Please Advertising & Promotion Commission Airport Authority Board of Adjustment City Beautiful Commission Civil Service Commission Electrical Review Board Equalization Board	apply for one (1) board or commission per application.) Heating & Air Conditioning Board of Review Historic District Commission Library Board Planning Commission Plumbing Board of Review Public Facilities Board Other:
Name:	Home Phone:
Address:	Texarkana Resident Yes No Years
E-Mail Address:	Miller Co. Voter Registration No.
Employer:	Work Phone:
Position:	Cell Phone:
Education: College:	High School:
Special knowledge or past experience qualifying you for	or this appointment: (Please feel free to attach resume):
Interest: Explain why you are interested in being appo	Phone Number: Phone Number:
Experience: Indicate what meeting(s) you have attend	ed of the committee for which you wish to be considered.
Number of Texarkana, Arkansas Board of Directors Me	etings you have attended in the past 12 months:
Please read the statement below and sign your name to I UNDERSTAND MY ATTENDANCE WILL B INFORMATION PROVIDED ABOVE IS TRU	E REQUIRED AT ALL COMMITTEE MEETINGS AND THE
Signature of Applicant:	Date Submitted:
	City Clerk Stamp
Return completed application to: Heather Soyars, City Clerk 216 Walnut Street (or) P O Box 2711 Texarkana TX 75504-2711	Terankana

Please Note: This application will be on file for one (1) year.